



**STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH**

**APPLICATION FOR/RENEWAL OF A PERMIT TO OPERATE  
MIGRATORY AGRICULTURAL LABOR HOUSING CAMPS & FIELD SANITATION**

**Fully complete by Printing and Submit Application at least 30 DAYS PRIOR to operating camp to the office located in the same county as the camp:**

**Kent County Health Unit, Williams State Service Center, 805 River Rd., Dover, DE 19901**

**New Castle County Health Unit, 2055 Limestone Rd., Wilmington DE 19808**

**Sussex County Health Unit, 544 S. Bedford St., Georgetown, DE 19947**

OPERATOR'S NAME: \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_

MAILING ADDRESS OF CAMP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE NUMBER: \_\_\_\_\_

DESIGNATED CONTACT PERSON: \_\_\_\_\_

TYPE OF PERMIT REQUESTED: \_\_\_\_\_ HOUSING CAMP

\_\_\_\_\_ FIELD SANITATION (HAND LABOR)

LOCATION OF FACILITY: \_\_\_\_\_

**(Each location requires a separate application - duplicate as necessary)**

REQUESTED CAPACITY                      DATE OF ARRIVAL                      DATE OF DEPARTURE

CROP(S) HARVESTED \_\_\_\_\_

REMARKS: \_\_\_\_\_

In accordance with the "Regulations Governing the Sanitation of Migratory Agricultural Labor Housing Camps and Field Sanitation," adopted under Title 16, Section 122 DEL. D., I, the undersigned hereby make application for permit to operate a migratory agricultural labor camp or field sanitation.

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OPERATOR NAME PRINTED \_\_\_\_\_

.....  
**OFFICIAL USE ONLY..DO NOT WRITE BELOW THIS LINE**

PERMIT TYPE RECOMMENDED FOR: ANNUAL \_\_\_\_\_ PROVISIONAL \_\_\_\_\_ CAPACITY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

UNIT SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ OPRPE ACTION: **APPROVED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

AMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PERMIT # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ PERMIT TYPE ISSUED(Circle): ANNUAL    PROVISIONAL**